

Testimony of

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Before the Select Committee on Children

February 14, 2013

Opposition to SB 169, HB 5567, SB 374

Mandatory mental health evaluation for children

Dear Co-Chairmen and Members of the Select Committee on Children:

My story: When my son was in elementary school, it was suggested that he ought to be taking some medications to calm himself down. He talked too much, did not wish to sit at his desk all day, and innocently stated that his assignments were, “boring.” Professional educators felt that he must surely have ADHD. He was kicked out of the gifted and talented program. I disagreed, and when my son was in 6th grade, I pulled him out of school. By the time he was 15 years old, he was employed by the local college—as a math tutor for adults who were struggling. By the time he was 17, he was recognized by the US Dept. of Education as the top scholar in our state (at the time, it was MD). Currently, he is being paid to attend college, where he excels. He still talks a lot, but he is not bored anymore. I might even dare to say that he is *completely normal*. Sometimes, professionals are mistaken. Would my son have gone on to achieve so much if he had been “labeled” with a “mental disorder” and drugged with Ritalin? Or would he have learned to believe that there was something “wrong” with him? Of course, ADHD is not a disease with a lot of stigma attached, but what would happen if a child was labeled with something more serious, like bipolar disorder? What would that do to harm their future? How many “false positive” mental health screenings would you get?

I oppose mandatory mental health screenings for the following reasons:

- 1-The impact of false positives on vulnerable children
- 2-The violation of civil liberties
- 3-The diversion of funds from NECESSARY mental health services
- 4-The probability that this effort will NOT work to prevent a “Sandy Hook”
- 5-There is a BETTER way that will not cause harms (Ask me! I can help)

1-The impact of false positives on vulnerable children

As an epidemiologist, I can tell you that “screening tests” are only useful if the disease is common and treatable, if treating the disease early has great benefit, and if harms of screening are small to negligible. If you have ever had a mammogram or a PSA test, you can imagine what it feels like when the screening test says “cancer,” but after multiple further tests and biopsies it turns out that the screening test was a “false positive.” These types of screening errors are common and harmful.

EXAMPLE (<http://btci.stanford.clockss.org/cgi/reprint/4/3/255.pdf>) A study by Stuart Kirk of UCLA estimates that using current screening tools for ADHD on a population of 1,000 children would result in 370 children being FALSELY diagnosed with ADHD (the sensitivity of the test is 91% and the specificity is 61%) Is it really acceptable to screen EVERY CHILD with MULTIPLE screening instruments when the possibility of a falsely positive result is so very high? And of course, that is only one screening test. It would be necessary to screen for multiple psychiatric diagnoses, which would take hours, and perhaps several sessions for each child. Clearly the supporters of this bill have no experience with medicine or epidemiology. Please look up this 2004 article and read the whole thing.

2-The violation of civil liberties

The Fourth Amendment right to be protected from unreasonable search and seizure has been the cornerstone of a belief in the fundamental right to privacy. This idea has led to diverse rulings such as Roe v Wade and the federal HIPAA laws. Surely the right of vulnerable children to the integrity and privacy of their own minds is FAR more compelling than the privacies afforded by either HIPAA or Roe v Wade. If the government decides to round up children and violate their civil rights in this manner, there must be very, very strong and compelling interest of the state and of society. That compelling interest does not exist, as I will describe below.

3-The diversion of funds from necessary mental health services

Mental health evaluations should not be performed by laypersons. I imagine that mandatory mental health screening for all of the 900,000 + children in the state of Connecticut would take years of work by multiple professionals. Some of these bills call for MULTIPLE screenings over time. If it only cost 10 dollars for each, you are looking at around 10 million dollars. But a more realistic figure would be around 100 million dollars, representing a cheap 100 bucks per child. According to figures from NAMI, in 2012, Connecticut spent 715 million dollars on mental health. Do we want to funnel away funds from people who genuinely need it? We can ill afford to throw away precious mental health dollars. And this does not count the EXTRA money to “treat” all of the misdiagnoses as well, after screening turns up plenty of false positives.

4-This effort will not work, and will not prevent a “Sandy Hook”

We all wish that the Sandy Hook shooter would have been identified early and somehow the tragedy would have been prevented. However, all evidence suggests that people WERE aware of this boy’s problems. Had he undergone a mental health screening, we would have found that, “this kid has problems,” though possibly not a treatable mental illness. But the rest of the story would have been the same, unless the state can commit to institutionalize all kids who are “not quite right.”

Even though there is no proven association between mental illness and violent behavior, certain illnesses such as “antisocial personality disorder” and “schizophrenia” seem to be the diagnoses most commonly associated with violence. The average age for onset of schizophrenia is 18 in males and 24 in females. A childhood screen would fail to diagnose the majority of these patients. Antisocial personality disorder is often apparent fairly early. However, there is no cure for this problem. Depression can lead to suicide, but medications for depression can cause suicidal and homicidal thoughts in children,

earning an FDA “black box” warning. Do we REALLY want to have more kids with suicidal and homicidal thoughts? That will happen if we screen and treat lots of kids. And remember, many of these kids will be getting UNNEEDED harmful treatment.

5-There is a better way.

How many times have we heard a grieving parent say, “I tried to get help for him, but...” Families face huge obstacles to care, both legal and financial. **Remove barriers to care for children and families with mental health problems.** Develop better assisted outpatient laws. Develop protocols for teachers to recommend evaluation. Remove the stigma from mental health care. But *don't hurt children!* Thank you.